

Please fax completed form to Erin Guerke at 302.677.7031

New Enrollment Form

State of Delaware 457(b) Plan



<hr/>			<hr/>
Last Name (Please Print)	First Name	M.I.	Last four digits of SSN or
<hr/>			<hr/>
Home Address - Street			Employee ID #
<hr/>			<hr/>
City / Town	State	Zip	Date of Birth

Please specify a **PER PAY CYCLE**, whole dollar, deduction amount. For 2012, the minimum amount **per pay** is \$10.00. (The maximum amount for the **year** is \$17,000, \$22,500 if you will turn age 50 in 2012.)

Per Pay Cycle Deduction Amount:\$ _____

Investment Designation: By using this form to enroll in the Deferred Compensation Plan, your contributions will automatically be invested in the Plan's default fund, which is currently the Fidelity Freedom Funds. Your contributions will be deposited into one of the below funds based on your date of birth.

Freedom Income Fund 1/1/1900-12/31/1932	Freedom 2000 Fund 1/1/1933-12/31/1937	Freedom 2005 Fund 1/1/1938-12/31/1942	Freedom 2010 Fund 1/1/1943-12/31/1947
Freedom 2015 Fund 1/1/1948-12/31/1952	Freedom 2020 Fund 1/1/1953-12/31/1957	Freedom 2025 Fund 1/1/1958-12/31/1962	Freedom 2030 Fund 1/1/1963-12/31/1967
Freedom 2035 Fund 1/1/1968-12/31/1972	Freedom 2040 Fund 1/1/1973-12/31/1977	Freedom 2045 Fund 1/1/1978-12/31/1982	Freedom 2050 Fund 1/1/1983-12/31/1987
Freedom 2055 Fund 1/1/1988 - Present			

Enrollment cannot be completed unless each box below has been checked.

- ☐ I understand that I will receive a beneficiary designation form to complete and return to Fidelity.
- ☐ I understand that I have defaulted and will receive a list of the current investment options available so that I can actively make a selection.
- ☐ I acknowledge that I have been provided with a copy of the [Fidelity Freedom Fund prospectus](#). The prospectus can be found online at www.treasurer.delaware.gov or www.fidelity.com/atwork

Signature of Employee: _____ Date: _____

Please fax your completed form to Erin Guerke at 302.677.7031

(Contributions will begin with the first available paycheck of the month following the month your form is received)